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Issue Brief on Primary Health Care

What is primary health care?

Primary care is the most commonly used type of health care. It prevents, identifies and treats the onset of acute or chronic illness or injury, and manages those problems to avoid more costly care.

Primary care also provides an entry point to secondary, tertiary or long-term care when needed. It is most effective when community-based, routinely accessible, continuous, comprehensive, and coordinated.

Why does LA rank last in primary health care access?

Louisiana ranked last among states in primary health care access in the 1999 *Health Care State Rankings*. This ranking was based on a federal measure of the shortage or maldistribution of health care practitioners in a state.

The federal government classifies any area with a population to practitioner ratio of 3,500:1 or higher a Health Professional Shortage Area (HPSA). As of October 2000, LA had 66 HPSAs, and 30.8% of the state's total population (1.31 million people) lived in these areas – more than double the U.S. average.

Another significant barrier to primary care access is a lack of health insurance coverage. Inability to pay for health care services can restrict access even when services are geographically available. Several studies show that the uninsured are less likely than those with insurance to get primary health care.

In 1999, 22.5% of Louisianians (984,000 people) were without health insurance, up from 19% (829,000 people) the previous year. LA had a greater proportion of its population without health insurance coverage than either the U.S. (15.5%) or the South (17.6%). LA ranked the 3rd highest in the nation in the percentage of its population that was uninsured. Only New Mexico (25.8%) and Texas (23.3%) ranked higher.

What difference does primary health care access make?

Research shows that the consequences of inadequate primary care include delayed treatment, increased

rates of sickness and death, and higher treatment costs because people are sicker when they get care, often in hospitals or emergency rooms.

What policies has Louisiana pursued to improve primary health care access?

The second page of this brief outlines policies common to states that rank highest in primary care access and policies shared by states that rank lowest. For comparison purposes, the following list identifies which of those policies Louisiana has pursued.

- State and federal scholarships and loan repayment for doctors and non-physician medical practitioners in HPSAs
- Flat state subsidies for medical education in state universities, rather than tuition-based financial incentives for students on a primary health care track
- Limited authority for non-physician medical practitioners
- Use of J-1 visa waivers to place foreign doctors in HPSAs
- Telemedicine through LSU hospitals
- 40 school-based health centers
- 25 parish health unit primary care conversions
- 86 community health centers, including Federally Qualified Health Centers and rural health clinics
- Medicaid eligibility for kids in families with income up to 200% of the Federal Poverty Line
- No 1115 waiver
- No Medicaid managed care
- Limited Medicaid primary care case management
- A state hospital system required by state law to prioritize indigent care, and reimbursed with public funds for the uncompensated costs of providing care to the uninsured.
- Non-state hospitals also provide uninsured care, but only half reimbursed with public funds for the uncompensated costs of that care.

Sources: *Health Care State Rankings 1999*, Morgan Quitno Press; Census Bureau, March 2000 Current Population Survey; *Primary Health Care and Vulnerable Populations*, January 2000, National Conference of State Legislatures.

What policies do states that rank highest in primary care access have in common?**What policies do states that rank lowest share?**

<i>Primary Care Access: Common State Policies</i>		
<i>Highest Ranking States (MD, HI, MN, DE, NJ, MA)</i>	<i>Lowest Ranking States (LA, MS, UT, ID, SD)</i>	<i>Policy Target</i>
<ul style="list-style-type: none"> State matches federal funds to pay the tuition of medical students serving in Health Professional Shortage Areas (HPSA) and repay the education loans of health practitioners in these areas, <u>including</u> non-physician practitioners 	<ul style="list-style-type: none"> State matches federal funds to pay the tuition and fees of medical students serving in HPSAs and repay the education loans of health practitioners in these areas, <u>excluding</u> non-physician practitioners 	Reducing the <u>shortage</u> of medical professionals
<ul style="list-style-type: none"> Relatively higher state subsidies for primary care medical training in state universities 	<ul style="list-style-type: none"> Flat state subsidies for medical training in state universities, whether for primary or specialty care 	Shortage
<ul style="list-style-type: none"> Expanded authority for non-physician practitioners 	<ul style="list-style-type: none"> Limited authority for non-physician practitioners 	Shortage
<ul style="list-style-type: none"> When U.S. doctors cannot be recruited, states place up to 20 foreign medical graduates with J-1 visa waivers in state HPSAs. The waiver replaces the normal J-1 visa requirement to return home for at least 2 years after U.S. training with a requirement to serve for 3 years in a HPSA. 	<ul style="list-style-type: none"> When U.S. doctors cannot be recruited, states place up to 20 foreign medical graduates with J-1 visa waivers in state HPSAs. The waiver replaces the normal J-1 visa requirement to return home for at least 2 years after U.S. training with a requirement to serve for 3 years in a HPSA. 	Shortage
<ul style="list-style-type: none"> Extensive and long-standing use of school based health centers 	<ul style="list-style-type: none"> Limited or new use of school based health centers 	Shortage
<ul style="list-style-type: none"> Telemedicine through state universities 	<ul style="list-style-type: none"> Telemedicine through state universities 	Shortage
<ul style="list-style-type: none"> Expanded health insurance coverage for kids (up to 350% of Federal Poverty Line (FPL), with sliding scale premiums and co-pays for higher income families) 	<ul style="list-style-type: none"> Limited health insurance coverage for kids (typically to 150% of FPL, with plans to go to 200%, all publicly funded) 	Providing health care access to the <u>uninsured</u>
<ul style="list-style-type: none"> Extensive use of Community Health Centers (CHC) and federal grants for indigent care. In addition, state grants supplement the federal funds. 	<ul style="list-style-type: none"> Limited use of CHCs and federal grant funds for indigent care. Also limited or no state funds to supplement indigent care provided by community health centers. 	Uninsured
<ul style="list-style-type: none"> 1115 Medicaid waiver for managed care for most of the state's Medicaid-eligible population. In some cases, 1115's expand Medicaid eligibility to cover more uninsured. 	<ul style="list-style-type: none"> No 1115 waiver Some 1915b waivers for Medicaid primary care case management, often for only some regions of a state. 	
<ul style="list-style-type: none"> Uncompensated care provided in public and private sector, in hospitals and community-based outpatient settings 	<ul style="list-style-type: none"> Uncompensated care provided primarily in state hospitals, typically university teaching hospitals, and affiliated clinics 	Uninsured
<ul style="list-style-type: none"> Funding for uncompensated care from federal (DSH), state (match & more), and private sources (mainly taxes on private hospital services) 	<ul style="list-style-type: none"> Funding for uncompensated care from federal (DSH) and state (match) sources 	Uninsured
<ul style="list-style-type: none"> State tax credits for employers who subsidize the cost of health insurance premiums for low-income workers, or other state subsidies for health insurance coverage for working poor adults 	<ul style="list-style-type: none"> No state subsidies for health insurance coverage for working poor adults 	Uninsured

Sources: *Health Care State Rankings 1999*, Morgan Quitno Press; Census Bureau, March 2000 Current Population Survey; *Primary Health Care and Vulnerable Populations*, January 2000, National Conference of State Legislatures.